

**Fienberg-Fisher K-8 Center**  
**Classroom Video Request Form**

Date of Submission: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Class Title: \_\_\_\_\_

Date video is to be shown:

\_\_\_\_\_

Name of video: \_\_\_\_\_

Rating, if applicable: \_\_\_\_\_

(If this is a movie above PG please attach a letter of notification to parents)

State the academic reason to show this video in your classroom and what student learning activities it will lead to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please use the back of this sheet if necessary)

\_\_\_\_\_ Approval

\_\_\_\_\_ Denial

Reason for denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assistant Principal's Signature:

\_\_\_\_\_